

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box.

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1	Not Applicable □
1. How well did we answer your questions about the proposed transportation project?		<u>4</u>				□
2. How well did we explain the need for your property and the process used to purchase your property?		<u>4</u>				□
3. Was the Right-of-Way Agent informed and responsive to your questions?		<u>4</u>				□
4. Was the Right-of-Way Agent courteous and professional?	<u>5</u>	4	3	2	1	□
5. How would you rate the usefulness of the printed material provided by the Department?	<u>5</u>	4	3	2	1	□

Comments: _____

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.

Name: _____

Phone Number: (_____) _____

DEPT. OF TRANSPORTATION
RIGHT-OF-WAY

To be completed by NHDOT Right-of-Way Agent

Project Number: Bed-Man-11512 Parcel Number: _____

JAN 10 2008

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